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BOX ISSUE FEE

February 23, 2006

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir/Madam:

We enclose our check in payment of the issue fee on the following application.

APPLICANT: Dar, Ofer

CASE: 204,923

SERIAL NO.: 09/731,643

FILED: December 7, 2000

TITLE:

VEHICLE RELATED SERVICES SYSTEM AND METHODOLOGY

ASSIGNED TO: GOOD SPACE LTD.

ALLOWED: December 13, 2006

with 17 claims

ISSUE FEE DUE: March 13, 2006

AMOUNT: \$1000.00

PRIORITY:

[X]

Claimed herein

Country: U.S. Appln.: 60/192,199 Filed: March 27, 2000

SMALL ENTITY STATUS: YES

We await the receipt of the issue notification and the Letters Patent Document.

JSC:so

Respectfully submitted

Enclosed Check No. 185 32

Jay S. Cinamon Reg. No. 24,156

EXPRESS MAIL Label No.: <u>ER059675422 US</u> Date of Deposited: February 23, 2006 This correspondence is being Deposited with the United States. Postal Service *Express Mail Post Office to Addressee* service under 37 CFR § 1.10 on the date indicated above and addressed to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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			OVER CONTRACTOR DATES		ATTORNEY POCKET NO	CONFIRMATION NO.
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		TOK	ATTORNEY DOCKET NO.	
09/731,643	12/07/2000	Yair Dar			204,923	9960
APPLN, TYPE	EHICLE RELATED SERVI	ISSUE FI		JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$700		\$300	\$1000	03/13/2006
EXAMINER		ART UN	IT C	LASS-SUBCLASS		
JEANTY, ROMAIN		3623		705-010000		
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3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (print	or type)		*
					ignee is identified below, the o	locument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
GOOD SPAC	E LID.		Belize City, Belize			
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the patent):	🔲 Individual 🖄	Corporation or other private gr	oup entity Government
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Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies 2 (±WO)			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-0035 (enclose an extra copy of this form).			
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.			□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
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